

**CITY OF DALLAS  
HOTEL MOTEL EXCISE TAX RETURN**

City of Dallas Hotel Motel Tax  
129 East Memorial Dr.  
Dallas, GA 30132  
[www.dallasga.gov](http://www.dallasga.gov)

Return must be filed and paid by the  
20<sup>th</sup> of the month following the  
period of which the tax is due.

For Period of \_\_\_\_\_ To \_\_\_\_\_

Hotel Motel Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

- 1. Gross Receipts (All Lodging Guests) \_\_\_\_\_
- 2. Exempt Receipts (Guests over 30 days) \_\_\_\_\_
- 3. Other Exemptions (Attach Certificates) \_\_\_\_\_
- 4. Total Exempt Receipts (Add Lines 2 and 3) \_\_\_\_\_
- 5. Net Taxable Receipts (Line 1 minus Line 4) \_\_\_\_\_
- 6. Net Tax Due (Line 5 x 5%) \_\_\_\_\_
- 7. Adjustment For Timely Return (Line 6 x 3%) \_\_\_\_\_
- 8. Current Tax Due (Line 6 minus Line 7) \_\_\_\_\_
- 9. Penalty (\$5 or 5% /Mo. Whichever is Greater) \_\_\_\_\_
- 10. Interest (1% of Tax Due Per Month) \_\_\_\_\_
- 11. Total Amount Due (Add Lines 8, 9 and 10) \_\_\_\_\_

I hereby certify that the information contained herein and in any attachments, are true and correct.

Return Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_